

Interim Guidance—Children and Pregnant Women who may be Infected with Swine-Origin Influenza Virus: Considerations for Clinicians

Today CDC issued new [interim guidance](#) for clinicians on how to care for children and pregnant women who may be infected with a new influenza virus of swine origin that is spreading in the U.S. and internationally. Children and pregnant women are two groups of people who are at high risk of serious complications from seasonal influenza.

New Interim Clinical Guidance for the Treatment of Children

Little is currently known about how swine-origin influenza viruses (S-OIV) may affect children. However, we know from seasonal influenza and past pandemics that young children, especially those younger than 5 years of age and children who have high risk medical conditions, are at increased risk of influenza-related complications.

Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone. Young children are less likely to have typical influenza symptoms (e.g., fever and cough) and infants may present to medical care with fever and lethargy, and may not have cough or other respiratory symptoms or signs.

The new interim guidance for clinicians on the prevention and treatment of swine influenza in young children is available at <http://www.cdc.gov/swineflu/childrentreatment.htm>

New Interim Clinical Guidance for the Treatment of Pregnant Women

Evidence that influenza can be more severe in pregnant women comes from observations during previous pandemics and from studies among pregnant women who had seasonal influenza. An excess of influenza-associated deaths among pregnant women were reported during the pandemics of 1918–1919 and 1957–1958. Adverse pregnancy outcomes have been reported following previous influenza pandemics, with increased rates of spontaneous abortion and preterm birth reported, especially among women with pneumonia. Case reports and several epidemiologic studies conducted during interpandemic periods also indicate that pregnancy increases the risk for influenza complications for the mother and might increase the risk for adverse perinatal outcomes or delivery complications.

The new interim guidance for clinicians for the treatment of influenza in pregnant women is available at http://www.cdc.gov/swineflu/clinician_pregnant.htm.

Background

Human infections with the newly identified S-OIV that is spreading among humans were first identified in April 2009 with cases in the United States and Mexico. The epidemiology and clinical presentations of these infections are currently under investigation. There are insufficient data available at this point to determine who is at higher risk for complications of S-OIV infection. However because pregnant women and children are known to be at higher risk for complications during seasonal influenza complications and during prior pandemics, it is reasonable to assume that these groups of people may be at higher risk for complications from infection with this new virus.

Additional Information

For additional information about the current influenza outbreak, see: <http://www.cdc.gov/swineflu/>

For additional information about CDC's investigation of the current H1N1 outbreak, see <http://www.cdc.gov/swineflu/investigation.htm>

This information is also available by calling 1-800-CDC-INFO.